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CONFIRMATION NO. 6518

SERIAL NUMBER 10/528,061	FILING OR 371(c) DATE 03/15/2005 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 10400C-000148/US
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/SE03/01537 10/02/2003

** FOREIGN APPLICATIONS *****

SWEDEN 0202958-5 10/04/2002

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY SWEDEN	SHEETS DRAWING 6	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 1

ADDRESS

30593

TITLE

PLASMA SURGICAL DEVICE

FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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